Indiana State Department of Health

OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	002578	B. WING		10/03/2012
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9700 E 146TH ST				
COMMUNITY SURGERY CENTER HAMILTON NOBLESVILLE, IN 46060				
(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	D BE COMPLETE
NITIAL COMMENTS		S 000		
Surveyor 333212 Facility #: 002578				
Accreditation Survey				
Accreditation Survey Center meets the requ	Report, Hamilton Surgery uirements for State			
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L NITIAL COMMENTS Surveyor 333212 Facility #: 002578 Type of Survey: State Accreditation Survey Date of AAAHC on sit Date of off-site ISDH I	O02578 OVIDER OR SUPPLIER Y SURGERY CENTER HAMILTON SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) NITIAL COMMENTS Surveyor 333212 Facility #: 002578 Type of Survey: State Licensure Off site AAAHC	O02578 DOUDER OR SUPPLIER Y SURGERY CENTER HAMILTON SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMENTS (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMENTS SUMMENTS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMENTS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCIES (EA	DVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9700 E 146TH ST NOBLESVILLE, IN 46060 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) NITIAL COMMENTS Surveyor 333212 Facility #: 002578 Fype of Survey: State Licensure Off site AAAHC Accreditation Survey Date of AAAHC on site survey:10/2-3/2012 Date of off-site ISDH review 09/03/2013 Based on review of the 10/3/2012 AAAHC Accreditation Survey Report, Hamilton Surgery Center meets the requirements for State

Indiana State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE